Montana Medicaid CLAIM JUMPER

Volume XX, Issue 11, November 2005

In This Issue

Good News for Clients on Medicare: The Big Sky RX Program

Last month in the article entitled, "Helping With the Medicare Prescription Drug Benefit", Mary Noel discussed the topic of clients with dual Medicare and Medicaid eligibility. What about Medicare clients, not eligible for Medicaid?

The Big Sky Rx Program may be able to help. The Big Sky Rx Program is a state program to assist with drug coverage premiums for eligible Montana residents enrolled in a prescription drug plan under Medicare Part D. The program was created by the 2005 Legislature and is funded from the Tobacco tax (I-149 Funds).

A person enrolled with Big Sky Rx must be a Montana resident, be enrolled in a Medicare Part D Prescription Drug Program, have an income of no more than $19,140 (single) or $25,660 (couple) and if income is at or below 150% of the FPL, applicants must have applied for the Federal Social Security Extra Help Program. People should apply for Big Sky Rx even if they think their income exceeds these limits because some income is not counted in determining eligibility. Assets will NOT be counted for the Big Sky Rx Program. If the Extra Help Program pays part of their premium Big Sky Rx may be able to pay the rest.

Our eligibility specialists will be able to answer any questions and will be available to assist individuals with the application process. You can contact us at:

Toll Free In State
(866)369-1233

From Out Of State,
and Helena Area
(406)-444-1233

Email:
bigskyrx@mt.gov

Visit Our Big Sky Rx Website
www.bigskyrx.mt.gov

Submitted by Margaret Souza, DPHHS

Outpatient Therapy Changes

Outpatient therapists, who serve children, need to be aware of new requirements. On September 12, 2005 new rules were adopted for Comprehensive School and Community Treatment (CSCT) programs. These rule changes included new language that requires outpatient mental health services provided in conjunction with CSCT services be prior authorized. This new procedure will alleviate duplication of services as well as assure that additional services can be provided outside CSCT if they are medically necessary. Concurrent services need to be coordinated amongst providers.

Until new forms are developed, providers should use the First Health form for continuation of outpatient services. All sessions must be prior approved. Forms and instructions are available through the Children's Mental Health Bureau web page.

Submitted by Mary Jane Fox, DPHHS

Split Claims for Outpatient Hospital Billing

Outpatient hospital claims are billed on a UB92 and can contain an infinite number of lines. While it is best to submit no more than 40 lines on a paper claim, claims can be submitted on more than one page and should be labeled 'page 1 of 2' and 'page 2 of 2'.' Claims that contain more than 40 lines, however, will be split for processing in our system. Paper claims are split manually and electronic claims are split by the system.

Based on the line level dates (box 45), your outpatient claim will be broken down into two or more parts, each with 40 lines or less, and the header level span will be broken down to encompass only those dates which are on each part. Each

part is then processed as a unique claim, and paid accordingly.

Example: You submit a claim for the month of September, 09/01/05-09/30/05, with a total of 60 lines of service with two line charges for each date. The claim would then be split into two equal parts, each with 30 lines. The header level date spans would be 09/01/05-09/15/05 and 09/16/05-09/30/05. Each claim would contain the line charges that correspond to their respective header level dates.

If an inpatient claim comes in and there are more than 40 lines of service, lines will be combined as necessary to produce a claim with 40 lines or less.

If you have any questions about split billing, please contact our Provider Relations unit at (800)624-3958 or (406)442-1837.

Submitted by ACS

Medicaid Drug Coverage for Duals Ends Dec. 31

People who have both Medicaid and Medicare will begin receiving prescription drug coverage through their Medicare prescription drug plans on Jan. 1, 2006. Medicaid will no longer pay for prescription drugs for people who are "dual-eligible."

As with all rules, this one has exceptions. If a Medicaid beneficiary needs a Part D excluded drug (prescription drug plans are not required by CMS to provide excluded drugs), Medicaid may continue to cover the drug. Excluded drugs that Medicaid may provide include benzodiazepines, barbiturates, and limited over-the-counter drugs that Medicaid currently covers.

Pharmacies will submit all drug claims to a beneficiary's Medicare drug plan first. If the drug is an excluded drug that Medicaid will cover, and if the Medicare drug plan denies coverage, Medicaid will pay for the drug.

People who have Medicaid only (no Medicare) will see no changes to their prescription drug coverage.

Information about prescription drug plans and Medicare Advantage plans available in Montana can be found at http://www.cms.hhs.gov/map/map.asp.

For more information on Medicare Part D, especially how dual eligible individuals will be affected, please contact Mary Noel at the Department of Public Health and Human Services, manoel@mt.gov or 444-2584.

Submitted by Mary Noel, DPHHS

Questions Asked at the Web Portal Trainings

During the recent web portal training sessions many questions were asked. We have included several of the most frequently asked questions.

Q: Why is MEPS being replaced by the web portal?
A: *MEPS is being replaced because it is not HIPAA compliant. MEPS will be taken off-line in January 2006.*

Q: Does everyone in the office need a separate e-mail to receive their passwords?
A: *No, we need only one valid e-mail address. We recommend the office administrator because he/she will be the person responsible for resetting and creating new users. Everyone will need a unique user ID, but you may use one e-mail address for everyone. Also, if your e-mail address starts with numbers you will need to contact EDI or Provider Relations to work this issue out.*

Q: Can we use screen prints of claims on the web portal in submitting our claims for adjustment?
A: *Yes, you can use screen prints and send them in with your adjustment form.*

Q: Why don't the reason and remark codes and messages appear on the claim inquiry return (277)?
A: *The reason and remark codes are not a HIPAA compliant data element on the claim status transactoin. You will still need to look at your remittance advice notice that you receive.*

Q: Why doesn't the TPL information show the name of the insured?
A: *HIPAA's privacy regulation states that this information can not be shown.*

Q: Why can we enter only one date of service for eligibility?
A: *When you enter the date of service and view the eligibility screen it will show the eligibility span that contains the date requested. Eligibility can be requested back 365 days.*

Q. How many payments can we view in provider payment summary?
A: *You will be able to view the last ten provider payments.*

Submitted by ACS

Advanced Medicaid Training

There is still time to register for the Advanced Medicaid Training to be held in Missoula on November 10. The training will be held at St Patrick's Hospital from 8:30 a.m. until 5:00 p.m.. Subjects that will be covered include:

- CHIP
- PASSPORT
- Team Care
- CSCT
- Medicare Part D
- CMH
- Physicians/Midlevel Practitioners
- Outpatient Hospital

If you are interested in attending, please contact ACS Provider Relations at (800)624-3958 or (406)442-1837. You can also register by sending email to **MTPRHelpdesk@acs-inc.com.**

Submitted by ACS

Cost Share and TPL

Cost share is the process in which a client is assessed a fee for services that is the client's responsibility.

While cost share generally affects clients over the age of 21, it is not assessed on claims for clients on which a third party payment exists. However, a payment must actually be made by the third party and reflected on the claim for this to apply. For example, if an institutional crossover comes in showing the Medicare payment, no cost share will be taken. However, if a Medicare payment is not reflected on that same institutional crossover, the claim will process but a cost share will be charged.

Submitted by AC

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from the Provider Information website at www.mtmedicaid.org. Select ***Resources by Provider Type*** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	**Provider Type**	**Description**
Notices		
09/22/05	Physician, Mid-Level Practitioner, Public Health Clinic, Podiatrist, IDTF, Laboratory/X-ray, Psychiatrist	Blood draws
09/22/05	Physician, Mid-Level Practitioner, Public Health Clinic, IDTF, Social Worker, Licensed Clinical Professional Counselor, Psychologist, Psychiatrist	Telemedicine
09/26/05	Physician, Mid-Level Practitioner, Public Health Clinic, Podiatrist, IDTF, Laboratory/X-ray, Psychiatrist	Blood Draws (Cpt 36415 and 36416)
09/27/05	Hospice	Rate Increase
Manuals/Replacement Pages		
09/09/05	Physical, Occupational & Speech Therapy	Manual replacement pages on revised levels of supervision, new places of service codes
09/09/05	Eyeglasses, Optometry, Ophthalmology	Manual replacement pages for eyeglass services modifiers and new place of service codes
09/12/05	PASSPORT	Manual replacement pages with addition of Medicaid Covered Services appendix
Other Resources		
09/06/05	All Provider Types	Updated home page
09/07/05	All Provider Types	Updated carrier ID list
09/07/05	School-Based Services	Revised MAC time study training slide show Revised participant training quiz and answers
09/07/05	All Provider Types	Revised individual adjustment request
09/12/05	All Provider types	Updated home page
09/19/05	PASSPORT	Summer 2005 PASSPORT to Health newsletter
09/20/05	All Provider Types	Updated home page
09/20/05	PASSPORT	Updated caption on Havre photo
09/21/05	PASSPORT	September PASSPORT Summit update
09/27/05	All Provider Types	Fall Provider Training: Advanced Medicaid
09/27/05	School-Based Services	CSCT Contract Boilerplate
09/28/05	All Provider Types	October Claim Jumper

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Key Contacts

Provider Information website: http://www.mtmedicaid.org
ACS EDI Gateway website: http://www.acs-gcro.com
ACS EDI Help Desk (800) 624-3958
Provider Relations
(800) 624-3958 (In and out-of-state)
(406) 442-1837 (Helena)
(406) 442-4402 Fax
Email: MTPRHelpdesk@ACS-inc.com
TPL (800) 624-3958 (In and out-of-state)
(406) 443-1365 (Helena)
(406) 442-0357 Fax
Direct Deposit Arrangements (406) 444-5283
Verify Client Eligibility
FAXBACK (800) 714-0075
Automated Voice Response (AVR) (800) 714-0060
Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944
PASSPORT (800) 624-3958
Prior Authorization
DMEPOS (406) 444-0190
Mountain-Pacific Quality Health Foundation (800) 262-1545
First Health (800) 770-3084
Transportation (800) 292-7114
Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604